

POSITION		ID NO.	DATE
CLASSIFIER		25	07-25-87
EXAMINER		821	10-17-87
TYPIST		824	10-17-87
VERIFIER		821	10-17-87
CORPS CORR.			
SPEC. HAND			
FILE MAINT.			
DRAFTING			

INDEX OF CLAIMS

Final	Original	7/20/99	5/3/00	5/4/00	5/4/00	5/6/00
1	✓	✓	✓	✓	✓	✓
2			✓	✓	✓	✓
3			✓	✓	✓	✓
4			✓	✓	✓	✓
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11	✓			✓	✓	✓
12			✓	✓		
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14			✓	✓		
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16			✓	✓		
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Claim	Date	
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